

SECTION I

CDC Number	Parolee Name (Last, First, MI)	Region	Parole Unit
Medical Parole Date	Medical Parole Reason		EPRD
<input type="checkbox"/> BPH REFERRAL		DATE:	TIME:
REASON FOR REFERRAL			
<input type="checkbox"/> Medical Status Change			
<input type="checkbox"/> Change of Conditions of Release to Medical Parole			
<input type="checkbox"/> Risk to Public Safety			
<input type="checkbox"/> Status Report			
Facts (Print or Type Narrative)			
Name of Hospital or Facility		Address of Hospital or Facility	
RECOMMENDATION			
<input type="checkbox"/> Medical Condition Has Improved – Request Removal From Medical Parole.			
<input type="checkbox"/> Medical Parolee Presents A Danger To Self Or Others – Request Removal From Medical Parole			
<input type="checkbox"/> Other (Print Or Type):			
Is the Parolee Medically Cleared for Transport? <input type="checkbox"/> YES <input type="checkbox"/> NO Type of Transport Needed: <input type="checkbox"/> Routine <input type="checkbox"/> Ambulance <input type="checkbox"/> Other			
Describe Special/Other Transportation Needs:			
Examining Physician's Name (Print or Type)		Examining Physician's Signature	Date Signed
Parole Agent Name (Print or Type)	Badge #	Parole Agent Signature	Date Signed
Parole Agent Telephone Number		Pager and/or Mobile Telephone Number	
Supervisor Name (Print or Type)	Badge #	Supervisor Signature	Date Signed

SECTION II

BPH ACTIONS/DECISIONS		
1.		
2.		
PANEL HEARING CASE		
Deputy Commissioners' Names (Print or Type)	Deputy Commissioners' Signatures	Date and Time of Decision